

Letters to the Journal

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SUSPECTED ADVERSE REACTIONS TO INDOMETHACIN

To the Editor:

Indomethacin (Indocid—Merck Sharp & Dohme), a new anti-inflammatory agent for use in rheumatoid arthritis, ankylosing spondylitis, gout and severe osteoarthritis, has been available for approximately one year in Canada. Recently, the Food and Drug Directorate has received a number of reports of adverse reactions, the severity or nature of which was unknown at the time the drug was released.

It is now apparent that indomethacin can mask the signs and symptoms of an infectious process or activate a latent bacterial infection. These complications are similar to those observed with corticosteroids and other anti-inflammatory drugs.

The possibility of a concurrent infectious process in patients receiving indomethacin should be constantly borne in mind. If symptoms and signs suggestive of infection appear, discontinuation of the drug should be considered and vigorous therapy initiated.

Several deaths have been reported in children with severe forms of rheumatoid arthritis, dermatomyositis and rheumatic fever who were receiving indomethacin. Some of these children succumbed to an intercurrent infection, the severity of which may have gone unrecognized during treatment. The exact relationship to indomethacin was difficult to determine in these reports. *However, we recommend that indomethacin should not be used in children until the results of further studies become available.*

Headache, dizziness and minor confusion are described in the existing package and direction circular. However, it is pointed out that in patients receiving indomethacin in the recommended dosage, reactions relating to the central nervous system are not uncommon and can be severe.

Infrequently, leukopenia, thrombocytopenia, and granulocytopenia or agranulocytosis have been reported in conjunction with indomethacin. In addition to hemorrhage from the gastrointestinal tract, previously described, hematuria has been observed.

Blurred vision and changes in visual acuity have also been reported, but a clear relationship to indomethacin has not been established. However, we suggest that any ocular complaints in patients on long-term therapy should be carefully investigated.

Merck Sharp & Dohme are presently revising their package insert and brochure to include information on these reactions. These adverse reactions are being reported at this time with the request that physicians notify the Drug Adverse Reaction Reporting Program of the Food and Drug Directorate if any such cases or other suspected reactions to indomethacin occur in their practices.

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R. A. CHAPMAN,
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MORE ABOUT CIRCUMCISION

To the Editor:

In the established hierarchy, it may be a serious matter when a lowly pathologist takes issue with one of his surgical overlords, especially one of so deservedly high a reputation as Dr. Philip Klotz (*Canad. Med. Ass. J.*, 95: 930, 1966).

I believe, however, that the question of routine circumcision of the newborn is more a matter of philosophy than of surgery.

Let us agree from the beginning that, if performed with reasonable skill, the complications of circumcision, such as hemorrhage, meatal ulceration and stenosis, etc., are uncommon and usually trivial. However, I maintain that, even if it is granted that the procedure is safe and simple, it is not justifiable.

Surely a procedure is not indicated merely because it is usually performed without complications. In recommending a procedure, the operator must show that some real advantage will be gained, before surgical intervention can be considered acceptable.

What then are the advantages of circumcision?

The one most commonly offered is that it promotes cleanliness. To my mind, soap and water offer distinct advantages to surgery in the matter of personal hygiene. Otherwise, one might pursue permanent cleanliness with even more vigour—whole-mouth extractions to avoid the tedious business of brushing teeth; avulsion of finger and toenails to save the bother of cleaning them; x-ray depilation to eliminate the nuisance of shaving and barbering, etc.

As to the more serious, or "medical", advantages, phimosis, paraphimosis, balanitis and papillomata are all uncommon (a prominent urologist will, after all, see a highly selected population) and all can be either prevented or treated when the need arises, in most cases without recourse to circumcision.

There remains the matter of cancer prevention. Statistically, there seems no doubt that circumcision effectively reduces the incidence of carcinoma of penis, almost to the vanishing point if the operation is performed immediately after birth. The relation to carcinoma of cervix is a little less certain, but when taken in conjunction with the recognized carcinogenic potential of smegma, it must be admitted as a possibility.

I read too that carcinoma of prostate is also significantly less common in circumcised males; the mechanism involved is not clear, and it seems a good time to repeat, "correlation does not prove causality".

But the point I wish to make is this: Assuming that routine infant circumcision does completely abolish carcinoma of penis, this is still not a sufficient justification for the procedure.

To illustrate how hopelessly illogical such a practice is, consider the following:

By means of a procedure no more formidable than circumcision, the breast anlagen could be routinely excised from all newborn females. This would totally

abolish breast cancer from which three women out of every hundred die. Most people look upon such an idea with horror or ridicule, yet the breast is no more essential to survival than the foreskin!

For those who think it is, there are other analogies. Routine vaginal hysterectomy on all women who have reached the menopause, or who wish no further children, would abolish cancer of the uterus. Routine appendectomy and cholecystectomy in infancy would prevent the substantial morbidity and mortality arising from diseases of these organs. Routine prophylactic splenectomy should not be forgotten, because rupture of the spleen must be at least as common as cancer of the penis.

In this country, carcinoma of the penis is rare; it usually affects elderly men; it should be detectable at an early and curable stage. Carcinoma of the breast is common; it strikes comparatively young women; and even with the best treatment it carries a high mortality rate.

It is simply not sensible to speak of preventing cancer in the few by removing the organs of all. Or, if it is sensible, surely the common and more deadly cancers should be prevented before the rare and less deadly.

But if circumcision were to be chosen by the patient, after considering the evidence, I would have no objection. My quarrel is that a mutilating procedure is perpetrated on infants who have no say in the matter, and this seems to me an immoral act. Surely each human being should have the right to say whether or not he is to be dismembered for his own good.

The sad fact of the matter is that routine circumcision is not done to prevent cancer. It was being done long before anyone knew of its relationship to cancer.

Routine circumcision is a fad, just as purging, routine tonsillectomy and floating kidneys were fads. The only time when medical treatment can morally be forced upon all is when refusal by the few may endanger the many, e.g. chlorination, vaccination, etc., and even then the morality is convenient rather than absolute.

In the case of circumcision, the ritual is perpetuated chiefly, I suspect, so that Momma's little boy will look like all the other little boys.

Surely we have gone far enough, in this female-dominated world, on the road to absolute conformity, that we do not need to reshape our children's genitals into a common style because "it's the done thing".

It is remarkable how blind and obstinate people can become in defence of a sacred routine. When as an intern I was compelled to circumcise the babies delivered by members of the staff, I protested against the cruelty of doing this procedure without an anesthetic. I was assured by everyone that the babies felt no pain, they only screamed that way because they didn't like to be held still while the operation was in progress. For some reason I remained unconvinced. . . .

Finally, a word to those who say the whole matter is of no consequence because the foreskin serves no purpose. It does serve a purpose. It provides a mechanical protection to the glans against minor trauma,

and it facilitates intromission and increases sensitivity during sexual intercourse.

But these are minor advantages.

The important aspect of the whole discussion is not the merits or otherwise of the foreskin, but the fact that each man should be allowed to decide for himself, and not have the decision made for him. Paternalism in medicine is, if possible, even worse than paternalism in government.

As evidence that many men regret having being circumcised, I have recently translated a German paper describing an ingenious plastic procedure for replacement of the foreskin in circumcised males.

Since so many men were willing to undergo a painful, two-stage operation to recover a reasonable facsimile of the lost part, one assumes they had rather strong feelings in the matter.

I am told there is a proverb in the tailoring business: "Measure the cloth 10 times, my son; you can cut it but once."

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To the Editor:

Thank you for giving me the opportunity to comment on Dr. MacKay's letter.

Firstly, I am in favour of routine circumcision in the neonatal period, and secondly, if the operation is done, it must be done properly. Dr. MacKay takes issue with my first concept.

In attempting to marshal the arguments against circumcision, he has carried the philosophy of removal of normal tissue to prevent disease *ad absurdum*, and no further comment is necessary.

As to circumcision being a fad, surely a practice which has been carried out for over five thousand years as a routine can hardly be called a fad. His reasoning that the prepuce is essential because "it provides mechanical protection to the glans against minor trauma, and facilitates intromission and increases sensitivity during sexual intercourse" is unsubstantiated in any way, and certainly is not true in my experience. His reference to a German paper devoted to plastic replacement of the prepuce is unfortunately outside my perusal of the literature, but I suggest that such individuals require the services of a psychiatrist rather than a surgeon.

I am impressed by the vehemence displayed by writers opposed to circumcision, and Dr. MacKay's letter is no exception. It is doubtful if anything I can say will change his opinion. I can only reiterate that in my own practice, which admittedly is a selected one, the complications of non-circumcision far outweigh those of circumcision properly performed.

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